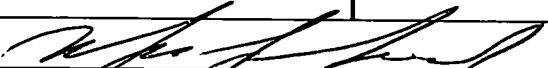
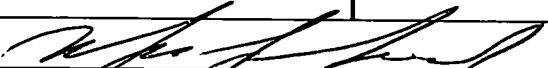
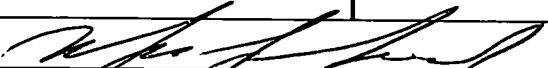


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 4041K-000148																													
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		First Inventor Koichi NIIHARA, et al.																													
		Title Catalyst Assembly																													
Express Mail Label No. EL613157286US		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">19704 U.S. PTO 10/616542</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08/21/03 EL613157286US</div>																													
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																											
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive title of the invention <input type="checkbox"/> Specification filed in English- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</div> <div>5. Oath or Declaration [Total Pages]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>				<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies</div>																											
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____ of prior application No: ____ / ____ Group / Art Unit: _____				ACCOMPANYING APPLICATIONS PARTS <div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</div> <div>11. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</div> <div>13. <input checked="" type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</div> <div>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</div> <div>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other: _____</div>																											
17. CORRESPONDENCE ADDRESS																															
<div><input checked="" type="checkbox"/> Customer Number or Bar Code Label 27572 <input type="checkbox"/> Correspondence address below</div> <div style="text-align: center; font-size: 0.8em;">(Insert Customer No. or Attach bar code label here)</div>																															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">Name</td><td colspan="3" style="padding: 2px;">Harness, Dickey & Pierce, P.L.C.</td></tr><tr><td style="padding: 2px;"></td><td colspan="3" style="padding: 2px;">H. Keith Miller</td></tr><tr><td style="padding: 2px;">Address</td><td colspan="3" style="padding: 2px;">P.O. Box 828</td></tr><tr><td style="padding: 2px;">City</td><td style="padding: 2px;">Bloomfield Hills</td><td style="padding: 2px;">State</td><td style="padding: 2px;">MI</td></tr><tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">Zip Code</td><td style="padding: 2px;">48303</td></tr><tr><td style="padding: 2px;">Country</td><td style="padding: 2px;">United States of America</td><td style="padding: 2px;">Telephone</td><td style="padding: 2px;">248-641-1600</td></tr><tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">Fax</td><td style="padding: 2px;">248-641-0270</td></tr></table>				Name	Harness, Dickey & Pierce, P.L.C.				H. Keith Miller			Address	P.O. Box 828			City	Bloomfield Hills	State	MI			Zip Code	48303	Country	United States of America	Telephone	248-641-1600			Fax	248-641-0270
Name	Harness, Dickey & Pierce, P.L.C.																														
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; padding: 2px;">Name (Print/Type)</td><td style="width: 30%; padding: 2px;">Michael J. Schmidt</td><td style="width: 25%; padding: 2px;">Registration No. (Attorney/Agent)</td><td style="width: 20%; padding: 2px;">34,007</td></tr><tr><td style="padding: 2px;">Signature</td><td style="padding: 2px;"></td><td style="padding: 2px;">Date</td><td style="padding: 2px;">Aug 21, 2003</td></tr></table>				Name (Print/Type)	Michael J. Schmidt	Registration No. (Attorney/Agent)	34,007	Signature		Date	Aug 21, 2003																				
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Signature		Date	Aug 21, 2003																												

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**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 768**Complete if Known**

Application Number	unassigned
Filing Date	herewith
First Named Inventor	Koichi NIIHARA, et al.
Examiner Name	unassigned
Group / Art Unit	unassigned
Attorney Docket No.	4041K-000148 - Express Mail EL613157286US

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order
☐ Deposit Account:Deposit
Account
Number

08-0750

Deposit
Account
Name

Harness, Dickey & Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 750)

2. EXTRA CLAIM FEES

Total Claims	21	-20 **	=	1	Extra Claims	Fee from below	18	=	18	Fee Paid
Independent Claims	1	-3 **	=	0				=	0	
Multiple Dependent								=	0	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 18)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

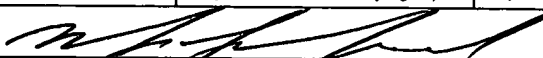
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Michael J. Schmidt	Registration No. Attorney/Agent)	34,007	Telephone	248-641-1600
Signature				Date	Aug 21, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.